

State of New Mexico

Voucher Batch Report

BusinessUnit 66500 Department of Health

Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD

AsOfDate 01/23/2013

Voucher Vchr VchrLineDescr

Distr Account

Account

Fund

VendorName

1099

Accounting Period

PurchaseOrder Invoice Number

Total Amount

Number Line

Line#

Description

Withhold

Year Month

00323001	1	I/S meals & lodging	1	542200	Employee I/S Meals & L	06101	NASH GAYLE-001	2013	01	0000097249	1	520.00
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Total For Voucher 520.00

660023159 1.30.13

CD

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500 Invoice Number: 1
 Voucher ID: 00323001 Invoice Date: 01/18/2013
 Voucher Style: Regular Total: 520.00

Vendor: NASH, GAYLE C *Pay Terms: Pay Now [Schedule Payments](#) Saved
 1190 ST FRANCIS DR N 4100
 SANTA FE, NM 87502

Payment Information Find | View All First 1 of 1 Last

Scheduled Payment: 1
 *Remit to: 0000099443
 Location: 001
 *Address: 1
 NASH, GAYLE C
 1190 ST FRANCIS DR N 4100
 SANTA FE, NM 87502
 Gross Amount: 520.00 USD
 Discount: 0.00 USD Discount Denied
 Late Charge
 Scheduled Due: 01/18/2013
 Net Due: 01/18/2013
 Discount Due:
 Accounting Date:

Payment Method
 *Bank: WFB10
 *Account: B
 *Method: ACH ACH
 *Netting: N
 Pay Group:
 *Handling: RE
 Message: Messages
 Message will appear on remittance advice.

Summary Invoice Information Payments Voucher Attributes Error Summary



Business Unit: 66500 Invoice Number: 1
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Voucher Style: Regular Total: 520.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Saved

Accounting Instructions

*Accounting Template: STANDARD  Account At: Gross 

Match Action

*Status: Ready 
☐ Pay UnMatched Voucher

Transaction Currency

*Source: Tables  *Currency: USD  Rate Type: CRRNT  Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level  Business Process: PROCESS_VOUCHERS 
Approval Rule Set: Payment Approval Rule Set 1 

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur  SBI Number: 

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment  ☐ Postpone Withholding 

Letter of Credit

Letter of Credit ID: 

Tax Group

AGENCY

NAME DEPARTMENT OF HEALTH

STATE OF NEW MEXICO

ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE

1

DATE

1/11/2013

AGENCY

66500

VOUCHER NUMBER

00323001

NAME

Gayle Nash

CAR LICENSE NUMBER

1768

POST OF DUTY

Las Cruces

PROPOSED

(ADVANCE VOUCHER)

VENDOR NUMBER

99443

MODEL

Nissan

RESIDENCE

REG. WORK DAY 8:00 AM THRU 5:00 PM

YEAR

2011

Las Cruces

ACTUAL
(RECOUPMENT VOUCHER)

DATE

TIME: SHOW AM OR PM

CHARACTER OF EXPENDITURES

ENTER START & FINISH

NO. OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

AMOUNTS

1/7/2013

6:00am

Depart Las Cruces to ABQ overnight* trip cont. to Santa Fe

1/8/2013

6:00am

Overnight Santa Fe Santa Fe rates apply*

1/9/2013

6:00am

Overnight Santa Fe Santa Fe rates apply*

1/10/2013

6:00am

Overnight Santa Fe Santa Fe rates apply*

1/11/2013

6:00pm

Depart Santa Fe to Las Cruces, part day per diem-12.0 hrs

Meat with own staff
+ Casual SecurityPer Diem is Based on (Check One)
ACTUAL EXPENSES

I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverage. I further certify that no further payment will be sought for the traveling/training covered by this voucher.

APPROVED RATES

Employee Signature

Date

X

Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA Regulations Governing the Per Diem and Mileage Act.

I ACKNOWLEDGE THAT THIS EMPLOYEE HAS EXCEEDED THE \$1,500 PER CALENDAR YEAR FOR TRAVEL

SECTION 10-9-5 (I), NMSA 1976

Signature

(DOH-General Accounting Use Only)

Date

Signature required on overnight lodging exceeding \$215.00 per night:

PAYEE SIGN HERE:

Gayle Nash

DATE: 1-15-2013

I, Gayle Nash (TYPE PAYEE NAME)
DO SOLEMNLY SWEAR THAT THE ABOVE CLAIM FOR REIMBURSEMENT IS JUST AND TRUE IN ALL RESPECTS AND
COMPLIES WITH THE DFA REGULATIONS GOVERNING THE PER DIEM AND MILEAGE ACT.

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Gayle Nash	Position:	CNO
	Department ID and Fund:	6001001000	Telephone:	505-690-1065
	Post of Duty:	Las Cruces	Residence:	Las Cruces

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #:	001768-SG
	Year:	2011	Make:	Nissan	Model:	Altima

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name:		Meetings in Santa Fe and ABQ for Governing Boards			
	<input checked="" type="checkbox"/> Check if training is required			<input type="checkbox"/> Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	01/04/13	Destination:	ABQ, Santa Fe		
	Departure Date: (month/day/yr)	01/07/13	Time:	06:00 AM	Return Date: (month/day/yr)	1/11/13
			Time:	06:00 PM		
<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:						

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	1 @ \$85/day	\$ 85.00
546800: Registration – Vendor		Santa Fe Only:	3 @ \$135/day	\$ 405.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 520.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 520.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

Gayle Nash 1-15-2013
Employee Signature Date

Supervisor/Bureau Chief Signature Date

Division Director/Hospital Administrator Date
(As per specific division requirements)

Blanca 1/18/13
Cabinet Secretary Signature Date
(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)